

Charlotte Catholic High School Athletic Association
CHECK REQUEST FORM 2026-2027

*Sports Team /Account: _____ *Submitted by: _____

☐ Men's ☐ Women's ☐ Varsity ☐ JV

*Date: _____ **Grand Total: \$** _____ (multiple receipts may be attached)

Receipt: (use back of form if more than 4 receipts)

Total: \$ _____ \$ _____ \$ _____ \$ _____

Vendor _____

***Make Check Payable to:** _____

*Payee Address: _____

*Payee Address: _____

*Payee Phone #: _____

*Payee Email: _____

***Purpose:** _____

☐ Meal (Breakfast, Lunch, Dinner – must attach a team roster if not previously submitted)

☐ Reimbursement (Receipt must be attached)

☐ Pay Invoice /Order (Invoice or order must be attached)

☐ Mileage: Destination _____, Reason for Travel: _____

• Beginning Odometer: _____, Ending Odometer _____

• Total Mileage: _____ Total Mileage x .725 = Mileage Reimbursement \$ _____

*APPROVAL: _____ (Athletic Director)

***MANDATORY INFORMATION**

Reimbursement check request must have proof of payment in the form of receipt, cancelled check (front and back), or credit card statement showing purchase.

ANY QUESTIONS: Please contact Maria Perez in the CCHS Business Office.

Maria Perez # 704-716-2413 meperez@charlottecatholic.org